

13281 U.S. PTO  
041304

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787

Attorney Docket No.: 119405

Date: April 13, 2004

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL  
RULE §1.53(b)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): METHOD AND APPARATUS FOR EXAMINING VASCULAR ENDOTHELIAL  
FUNCTIONS

By (Inventors): Junichiro HAYANO; Toshihiko OGURA

- ☒ Formal drawings (Figs. 1-17; 17 sheets) are attached.  
☐ Use Figure \_\_\_\_\_ for front page of Publication.  
☒ A Declaration and Power of Attorney is filed herewith.  
☐ This application claims benefit of Provisional Application No. \_\_\_\_\_ filed \_\_\_\_\_.  
(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)  
☒ This patent application is assigned to COLIN MEDICAL TECHNOLOGY CORPORATION.  
☒ The executed Assignment is filed herewith.  
☒ An Information Disclosure Statement is filed herewith.  
☒ Entitlement to small entity status is hereby asserted.  
☐ A Preliminary Amendment is filed herewith.  
☐ Priority of foreign application(s) No. \_\_\_\_\_ filed \_\_\_\_\_ in \_\_\_\_\_ is claimed (35 U.S.C. §119).  
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.  
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.  
☒ The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF  
ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	13 - 20	= 0
INDEP CLAIMS	3 - 3	= 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED		

\* If the difference is less than zero, enter "0".

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	FEE		RATE	FEE
	\$ 385	OR		\$ 770
x 9 =	\$	OR	x 18	\$
x 43 =	\$	OR	x 86	\$
+ 145 =	\$	OR	+ 290	\$
TOTAL	\$ 385	OR	TOTAL	\$

- ☒ Check No. 153079 in the amount of \$385 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
James A. Oliff  
Registration No. 27,075

Thomas J. Pardini  
Registration No. 30,411

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